

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 763011  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12							62						
13							63						
14							64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24		0					74						
25		0					75						
26		0					76						
27		0					77						
28		0					78						
29							79						
30							80						
31		2					81						
32							82						
33							83						
34		0					84						
35		0					85						
36							86						
37							87						
38		0					88						
39		0					89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						